NATIONAL SURVEY OF **EARLY CARE** & **EDUCATION** | **2024**

Center-based Provider Screener and Questionnaire

OMB Review Draft Updated June 2024

Reviewer Notes

Clarification regarding respondent response options:
- **Please note that while only some items may list a "DK/REF" (Don't Know/Refused) option, respondents answering the survey in any mode always have the option to decline to answer any item. Any respondent declining to provide a response to an item is directed to the next appropriate survey item.**

2024 National Survey of Early Care and Education Center-based Provider Questionnaire

Contents

Questionnaire Key

Skip Patterns:

1. Simple skip patterns are identified with an arrow immediately following a response option, as in the example below:

A8A.

Is your program for profit, not for profit, or is it run by a government agency?
1. FOR PROFIT → SKIP TO A9
2. NOT FOR PROFIT
3. RUN BY A GOVERNMENT AGENCY
4. OTHER, SPECIFY: _____

2. More complex skip patterns are identified with a bordered box, as in the example below. Skip Logic Boxes are titled in **bold** and numbered using the following naming convention: [Section]_S_[Sequential count].

Skip Logic Box A_S_1:
IF A8A = 1 OR 2 ("FOR PROFIT" OR "NOT FOR PROFIT"), ASK A9
ELSE, SKIP TO A13.

Loops:

A loop is a series of questions that are asked iteratively about one or more entities, for example, a series of personal characteristics asked about each child in the household. The loop's questions appear once in the questionnaire, with skip instructions that indicate when the series starts and ends and for which entities the loop is asked. Sometimes one loop is nested within another.

1. Loop patterns are identified with a broken-line bordered box, as in the example below. All loops are bookended with a boxes designated as 'Start of...' and 'End of...' Loop. Loop boxes are titled in *italics* and numbered using the following naming convention: [Section]_L_[Sequential count].

Start of B_L_ 1 Loop (*BL1):
REPEAT B1_5 – B1_5H FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)
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2. All questionnaire items within a loop are identified with a truncated loop title, preceded by a '*' and formatted *in italics* with blue font. A single questionnaire item may be included in none, one, or multiple loops and will be identified accordingly in the questionnaire with zero, one, or multiple loop titles.

B1_5C. **BL1*
How many hours per week does that cover?
_____

Ranges:

Numeric open-ended responses throughout the questionnaire, such as number of years or weeks, have a pre-assigned lower and upper limit in the computerized questionnaire to minimize error. These ranges are shown directly beneath such open-ended responses, as in the example below. Ranges are prefixed with "RANGE:" in all caps and formatted with purple font.

B5d.

How many of the children in your program have variation in the number of paid hours of care each week?

_____ Number of children

RANGE: 0-999

Programmatic fills:

Some questions have customized text that is programmatically filled during computerized administration. A descriptor of the customized text is indicated, and users can tell that customized rather than generic text was visible during the interview because the text is bracketed and in CAPS. Programmatic fills within the questionnaire are contained within brackets […], as in the example below. The fill text within the brackets provides a brief description of what the fill is.

A2G9a. *AL1 *AL2

In the past 12 months, has he/she contributed $500 or more for [CHILD NAME]'s basic needs, for example, food, clothing, or medical expenses?

1. Yes
2. No
3. DK/REF

Center-Based Provider Screener

[QUEX HAS FLAG TO INDICATE IF INSTRUMENT IS LAUNCHED FROM FI TABLET OR NOT (FI_ADMIN)]

[SELF-ADMINISTERED:] Welcome to the National Survey of Early Care and Education! This study is being conducted by NORC at the University of Chicago on behalf of the Administration for Children and Families of the U.S. Department of Health and Human Services. We would like to ask you a few questions about child care services in your community. Your answers will help the government better support the people who care for our nation's children.

[IF SELF-ADMINISTERED:] If you have any questions or would prefer to answer these by phone, please call 1-877-390-3653.

[INTERVIEWER ADMINISTERED:] Hello, my name is [NAME], and I'm from NORC at the University of Chicago. We're conducting a study sponsored by the Administration for Children and Families of the U.S. Department of Health and Human Services. We would like to ask you a few questions about child care services in your community. Your answers will help the government better support the people who care for our nation's children.

Q1. Do you offer early care and education services for children age 5 years and under, not yet in kindergarten, at [ADDRESS]? By early care and education, I mean preschool, pre-kindergarten, nursery school, day care, Head Start, Montessori for young children, or other similar services. This does not include drop-in or single activity services, such as sports practices or tutoring programs.

[IN CALIFORNIA: Since many children in California transitional kindergarten spend their next year in regular kindergarten, please report California transitional kindergarten as early care and education services.]

1. YES
2. NO → SKIP TO Q4

Q1a_2. Are your organization's services for children 5 and under, not yet in kindergarten...

	YES	NO
a. at least three hours per day at least twice per week		
b. only drop in activities that children may not attend regularly		
c. only before or after-school activities		

d. only a single activity, such as only tutoring, therapy, or a sports activity? Please answer "no" if your organization provides multiple activities for children throughout the day.		

CHK_1. IF Q1a_2_a=Y AND Q1a_2_b=N AND Q1a_2_c=N AND Q1a_2_d=N THEN ORG IS ELIGIBLE. ELSE ORG NOT ELIGIBLE.

CHK_2. IF ORG IS ELIGIBLE, ASK Q2. ELSE SKIP TO Q4.

CREATE ELIGIBILITY ROSTER AND POPULATE BASED ON Q1A OUTCOME [ELIG_FLAG]. PNAME ORGANIZATION IS ALWAYS FIRST IN ROSTER AND HAVE LIST NUMBER OF 1. IF ELIGIBLE AS INDICATED ABOVE THEN ELIG_FLAG=1, IF NOT THEN ELIG_FLAG=0.

Q2. Is [PNAME] the best name for your organization?

1. YES → SKIP TO Q4
2. NO
3. DK/REF → SKIP TO Q4

Q3. What is the name of your organization?

Organization #1 _____

Q4. Does any other organization offer early care and education services at [ADDRESS] for children 5 years and younger, not yet in kindergarten? By early care and education, I mean preschool, pre-kindergarten, nursery school, day care, Head Start, Montessori for young children, or other similar services. This does not include drop-in or single activity services, such as sports practices or tutoring programs.

[IN CALIFORNIA: Since many children in California transitional kindergarten spend their next year in regular kindergarten, please report California transitional kindergarten as early care and education services.]

1. YES
2. NO → SKIP TO Q8
3. NO ANSWER → SKIP TO Q8

> *Start of S_L_1 Loop (*SL1*):*
> REPEAT Q5 – Q6, UNTIL Q6 = 2 OR 3.

Q5. What is the name of that organization?

Organization _____

Q6. And is there another organization that offers early care and education services at [ADDRESS] for children 5 years and younger, not yet in kindergarten?

     1. YES

     2. NO

End of S_L_1 Loop (*SL1*):
REPEAT Q5 – Q6, UNTIL Q6 = 2 OR 3.

Q7_2. As far as you know, are [ORGANIZATION FROM Q5]'s services for children 5 and under, not yet in kindergarten…

	Yes	No	DK/REF
a. at least three hours per day at least twice per week			
b. only drop in activities that children may not attend regularly			
c. only before or after-school activities			
d. only a single activity, such as only tutoring, therapy, or a sports activity? Please answer "no" if your organization provides multiple activities for children throughout the day.			

CHK_3. IF Q7_2_A=YES AND Q7_2_B=NO OR DK/REF AND Q7_2_C=NO OR DK/REF AND Q7_2_D=NO OR DK/REF, THEN ORG IS ELIGIBLE.
ELSE ORG NOT ELIGIBLE.

CHK_4. RETURN TO Q7_2 FOR NEXT ORGANIZATION LISTED AT Q5 UNTIL ALL ORGANIZATIONS HAVE BEEN ASKED ABOUT.

ADD EACH ORGANIZATION NAME FROM Q5 TO ELIGIBLITY ROSTER AND ASSIGN ELIG_FLAG=1 IF ABOVE CRITERIA ARE MET. IF NOT, THEN ASSIGN ELIG_FLAG=0. EACH ORGANIZATION IN ROSTER HAS LIST VALUE, ORGANIZATION NAME AND ELIG_FLAG.

LIST VALUE	ORGANIZATION NAME	ELIG_FLAG
1	IF Q2=YES, THEN USE PNAME PRELOAD; ELSE USE Q3 NAME	IF Q1A_2_A=YES AND (Q1A_2_B=NO OR DK/REF) AND (Q1A_2_C=NO OR DK/REF) AND (Q1A_2_D=NO OR DK/REF) THEN ELIG=FLAG=1. ELSE ELIG_FLAG=0
2	ORGANIZATION NAME FROM Q5 (LOOP 1)	IF Q7_2_A=YES AND (Q7_2_B=NO OR DK/REF) AND (Q7_2_C=NO OR DK/REF) AND (Q7_2_D=NO OR DK/REF) THEN SET ELIG_FLAG=1. ELSE SET ELIG_FLAG=0
3	FOLLOWING LOGIC FOR LIST VALUE 2 ABOVE, ADD UP TO 4 ADDITIONAL ORGANIZATIONS	

[ORGANIZATION SELECTION LOGIC: RANDOMLY SELECT ONE ORGANIZATION FROM ROSTER FOR THOSE LISTED ABOVE AS ELIGIBLE [WHERE ELIG_FLAG=1] AND STORE AS FINALORG. STORE LIST VALUE AS WELL.]

POPULATE CB_ORG VARIABLE BASED ON FOLLOWING LOGIC:

- IF CBSCR IS NOT FI ADMINISTERED (FI_ADMIN=0) AND ORIGINAL ORG IS ELIGIBLE [ELIG_FLAG=1 FOR FIRST ORG IN ROSTER] AND Q2=YES, THEN STORE PNAME FROM Q2 AS CB_ORG.
- IF CBSCR IS NOT FI ADMINISTERED (FI_ADMIN=0) AND ORIGINAL ORG IS ELIGIBLE [ELIG_FLAG=1 FOR FIRST ORG IN ROSTER] BUT Q2=NO, THEN STORE Q3 NAME AS CB_ORG.
- IF CBSCR IS FI ADMINISTERED (FI_ADMIN=1), STORE FINALORG VALUE AS CB_ORG VALUE.
- POPULATE THE CB_ORG_CODE TO MATCH THE LIST VALUE CARRIED FROM FINALORG.

CHK_5.
IF ANY ORG IS ELIGIBLE THEN GO TO START OF S_L_2 LOOP

ELSE, SKIP TO Q7.

Start of S_L_2 Loop (*SL2*):
REPEAT Q8 FOR ALL ORGANIZATIONS WHERE ELIG_FLAG = 1.

Q8. Based on our statistical procedures, our study has some additional questions for [CB_ORG] about its early care and education services for young children.

Can you provide contact information for someone at that organization? Please provide whatever information you have available.

       First Name   _____

       Last Name   _____

       Contact Phone _____

       Contact E-mail_____

End of S_L_2 Loop (*SL2*):
REPEAT Q8 FOR ALL ORGANIZATIONS WHERE ELIG_FLAG = 1.

Q7. THE FOLLOWING TRANSITIONS WILL OCCUR BASED ON IF SURVEY IS FI-ADMINISTERED AND IF CB_ORG IS THE ORIGINAL ORGANIZATION OR NOT. RULES ARE AS FOLLOWS:

TRANSITION A: IF NOT FI-ADMINISTERED AND ORIGINAL ORG IS ELIGIBLE, DISPLAY FOLLOWING:

Thank you for your time today. We have some additional questions about your organization and the early care and education services it provides.

SKIP TO CONSENT

TRANSITION B: IF OTHER ORG IS ELIGIBLE, DISPLAY FOLLOWING:

Thank you very much for your time today. Your information helps us better understand the types and number of early care and education programs in our country.

TERMINATE AND DISPOSITION THIS ADDRESS AS 54: PROV SCREENER COMPLETE

TRANSITION C: IF FI-ADMINISTERED AND ORIGINAL ORG IS ELIGIBLE, DISPLAY FOLLOWING:

Thank you very much for your time today. I have some additional questions about your organization and the early care and education services it provides.

TERMINATE AND DISPOSITION THIS ADDRESS AS 54: PROV SCREENER COMPLETE

TRANSITION D: IF NO ORGANIZATIONS ARE ELIGIBLE [ALL ELIG_FLAG=0] DISPLAY THE FOLLOWING:

Thank you very much for your time today. Your information helps us better understand the types and number of early care and education programs in our country. [TERMINATE AND DISPOSITION THIS ADDRESS AS "76: Final Ineligible Provider."]

TERMINATE AND DISPOSITION THIS ADDRESS AS 76: FINAL INELIGIBLE PROVIDER

Center-based Provider Questionnaire

[SELF-ADMINISTERED:] Thank you for taking part in this study which is about the early care and education programs available for children under age 13. It is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government at all levels better understand and support the early care and education services that are most needed in your area.

This interview takes about 45 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your responses private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself.   This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

You can click on the "PREVIOUS" button to go back and change your answers if needed. Clicking "STOP" will save your responses and allow you to return to the last question you answered the next time you access the questionnaire.

   a.   CONTINUE

[INTERVIEWER ADMINISTERED:] (IF NEEDED:) My name is _____ and I am from NORC at the University of Chicago.) We are conducting a study about the early care and education options available for children under age 13. It is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help government at all levels better understand and support the early care and education services most needed in your area.

This interview takes about 45 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the

information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your responses private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself.   This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings. You should understand, however, that we would take necessary action to prevent serious harm to children or others, including reporting to authorities.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with the study. Access to identifying information is granted to authorized personnel on a need-to-know basis.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 06/30/2026. If you have any comments about the time required to complete this interview or any other aspect of this survey, please send them to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict privacy of your responses. These recordings will be shared only with authorized personnel associated with the study. Recordings will be maintained until we finalize our notes. May I continue with the recording?

  1. R CONSENTS TO PARTICIPATE IN THE SURVEY → CONTINUE
  2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED → TURN OFF RECORDING FEATURE AND CONTINUE

INTRO.

This interview collects data about all of the early care and education services for children under age 13 offered by your organization at this address.

CHECK_S.
WAS CASE COMPLETED ON OR AFTER MAY 28, 2024?
>   1.   Yes
>   2.   No

IF CHECK_S = 1, ASK T1
ELSE, SKIP TO NUMSITE

T1.
Many providers make changes to their programming in the summer. Compared to your school year practices, do you do any of the following in the summer?

T1A. Serve different ages of children?
1. YES
2. NO

T1B. Serve different numbers of children?
1. YES
2. NO

T1C. Charge families different prices for care?
1. YES
2. NO

T1D. Have different staff?
1. YES
2. NO

T1E. Have different staffing practices?
1. YES
2. NO

T1F. Have different hours of care for children?
1. YES
2. NO

IF (T1D = 1 OR T1E = 1) AND INTERVIEW DATE AFTER JULY 22, 2024, ASK T1_SUMSTF
ELSE, SKIP TO INSTRUCTION BELOW

T1_SUMSTF. For 2024, how many staff did you hire as temporary summer workers to work directly with children?

_____ Number of staff

IF T1A – T1F = 1 FOR ANY ITEM AND INTERVIEW DATE BEFORE JULY 22, 2004, ASK T2. ELSE, SKIP TO INSTRUCTION BELOW.

T2.
On what date do your summer activities begin?

_____
Range: 1/1/2024-12/31/2024

IF T1A-T1F=1 FOR ANY ITEM AND INTERVIEW DATE ON OR AFTER JULY 22, 2024, ASK T2_SCH
ELSE, SKIP TO T2_SUM_INT

T2_SCH. On what date do your regular (non-summer) school year activities begin?
___ Month ___ Day

IF T2_SCH ON OR BEFORE INTERVIEW DATE, SKIP TO NUMSITE.
ELSE, READ T2_SUM_INT

T2_SUM_INT. In answering the remainder of this questionnaire, please report your program's information as it was in the spring of 2024, before any changes for summer might have been made.

Numsite.

Does this organization operate programs for early care and education of children under age 13 at any locations other than this site?

1. Yes, multiple sites
2. No, single site → SKIP TO A_INTRO
3. DK/REF → SKIP TO A_INTRO

Numsite_1.

At how many total sites does this organization operate programs?

_____

A_INTRO.

In this interview, we use the term 'program' to describe all of the early care and education services for children under age 13 offered by your organization [org] at the address [address]. [IF NUMSITE=1, Please do not include any services you provide at other addresses.]

[IF ELEMFLAG=1: By early care and education services, we mean services to young children not yet in kindergarten as well as before or after school services for school-age children but not the regular elementary schooling kindergarten through sixth grade.]

Section A. Program Level Information

A7.

In what kind of building is **your** program located? Please choose one only for each building your program occupies.

1. Religious building
2. Public school
3. Private school
4. University or college
5. Work place
6. Community center or municipal building
7. Commercial structure
8. Independent structure (I.E., organization is the sole occupant)
9. Home, apartment, or other residential structure
10. Other, specify: _____

A8A.

Is your program for profit, not for profit, or is it run by a government agency?

1. For profit → SKIP TO A9
2. Not for profit
3. Run by a government agency
4. Other, specify: _____

A8B.

Is your program independent or is it sponsored by another organization? A sponsoring organization may provide funding, administrative oversight or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors.

1. Independent → SKIP TO A13
2. Sponsored
3. Don't know/refused/blank (in web) → SKIP TO A13

A8C.

What type of organization sponsors your program? (**SELECT ALL THAT APPLY**)

1. SOCIAL SERVICE ORGANIZATION OR AGENCY
2. CHURCH OR RELIGIOUS GROUP
3. PUBLIC SCHOOL/BOARD OF EDUCATION
4. PRIVATE SCHOOL, RELIGIOUS
5. PRIVATE SCHOOL, NONRELIGIOUS
6. COLLEGE OR UNIVERSITY

7. PRIVATE COMPANY OR INDIVIDUAL EMPLOYER
8. NON-GOVERNMENT COMMUNITY ORGANIZATION
9. STATE GOVERNMENT
10. LOCAL GOVERNMENT, NOT INCLUDING SCHOOL DISTRICT
11. FEDERAL GOVERNMENT OR MILITARY
13. HOSPITAL
14. UNSPECIFIED HEAD START GRANTEE
15. UNSPECIFIED PUBLIC PRE-K SPONSOR
12. OTHER, SPECIFY -- WHAT ORGANIZATION SPONSORS YOUR PROGRAM? _____

Skip Logic Box A_S_1:
IF A8A = 2 "NOT FOR PROFIT", ASK A9
ELSE, SKIP TO A13

A9.
Is your organization independently owned and operated, a franchise, or part of a chain?

1. Independently owned and operated → SKIP TO A13
2. Franchise
3. Chain
4. DK/REF → SKIP TO A13

A9a.
About how many centers are in the chain you are part of?

1. Less than 10
2. 10 to 39
3. 40 or more

A13.
How long has your program been operating?

_____Years   _____Months

A12.
Is the program's space at this location subsidized or paid for by another organization such as a sponsor, a school, or someone else?

1. YES
2. NO

A10. What age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13. Range 0 – 156	C1_1. How many children are currently enrolled in [XX Months to YY Months] age group in your program at this site? Range 0-999	C1_2. How many of these children are currently enrolled full time? Range ≤ C1_1	C1a. How many vacancies do you currently have in the age group [XX to YY months]? Range 0-999	
Age Group 1: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 2: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 3: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 4: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 5: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 6: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 7: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 8: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 9: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
Age Group 10: _____ Months to _____ Months				-2. I don't know, at least one vacancy.
TOTAL RANGE: 0 TO 156				

A14.

Does your program have any children that attend at least 5 hours weekly but don't have a regular schedule of attendance? Some programs call this 'drop-in care.'

      1. YES → ASK A15

      2. NO

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTA
ELSE, SKIP TO SECTION B

A15.

How many children attend at least 5 hours weekly but don't have a regular schedule of attendance?

_____Number of children

A16.

Did you include these children in your numbers of 'currently enrolled' children above?

     1. YES
     2. NO

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTA
ELSE, SKIP TO SECTION B

CommentSectA.

We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

_____
  1. NO OTHER COMMENTS

Section B. Schedule and Rates

B1.
Please provide the hours that your program was open for children **last week, beginning with last Monday**.

If there was more than one time slot you were open on **last Monday** please list each time period separately.
(For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30pm to 5:30PM, that would be listed as two separate time slots.)

B1a.

	START TIME			END TIME	
Time slot 1	:	AM/PM		:	AM/PM
Time slot 2	:	AM/PM		:	AM/PM
Time slot 3	:	AM/PM		:	AM/PM

1. CLOSED ON THAT DAY

B1_1.

Were your operating hours last Monday the same as another day last week?
(**SELECT ALL THAT APPLY**)

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY
5. SATURDAY
6. SUNDAY
7. **NO IDENTICAL DAYS**

Skip Logic Box B_S_1:
FOR DAYS NOT SELECTED ON B1_1, ASK B1_2
ELSE, SKIP TO B1_3

*Start of B_L_1 Loop (*BL1*):*
ASK B1_2 FOR EACH DAY SELECTED IN B1_1

B1_2. *BL1*

Please provide the hours that your organization was open **last [DAY OF WEEK]?**

If there was more than one time slot you were open on **last [DAY OF WEEK]** please list each time period separately.

(For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30pm to 5:30PM, that would be listed as two separate time slots.)

	START TIME			END TIME	
Time slot 1	:	AM/PM		:	AM/PM
Time slot 2	:	AM/PM		:	AM/PM
Time slot 3	:	AM/PM		:	AM/PM

1. CLOSED ON THAT DAY

*END of B_L_1 Loop (*BL1):*
REPEAT B1_2 FOR EACH DAY SELECTED IN B1_1

B1_3.

Do you have any families that pay for their children to attend this program, or do all children attend this program free of charge?

1. SOME OR ALL FAMILIES PAY
2. NO FAMILIES PAY → SKIP TO B10

B1_3a.
Does your program have a rate that you charge families for full-time care for the following ages...

Infants less than 12 months old	1. YES
	2. NO
2 year olds	1. YES
	2. NO
3 year olds	1. YES
	2. NO
4 year olds	1. YES
	2. NO

Skip Logic Box B_S_2:
IF B1_3a = 2 OR DK/REF FOR ALL OPTIONS, SKIP TO B7

ELSE, ASK B1_5 THROUGH B1_5G FOR EACH AGE GROUP THAT = 1 IN B1_3A

*Start of B_L_2 Loop (*BL2):*
REPEAT B1_5 – B1_5G FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)

B1_5. *BL2*
How much are you currently charging families for **full-time** enrollment for [AGE GROUP FROM B1_3A]? Please do not include any subsidies or discounts.

$ _____

B1_5A. *BL2*
Is that per

1. hour
2. half day
3. full day
4. week
5. month
6. term/semester/quarter
7. year
8. OTHER (PLEASE SPECIFY) _____
9. DK/REF/BLANK

IF B1_5A = 1,2,3,4,5, OR 9, THEN SKIP TO END OF B_L_2 LOOP
ELSE, IF B1_5A = 6 OR 7, THEN ASK B1_5E
ELSE B1_5A = 8, THEN SKIP TO B1_5G

B1_5E. *BL2*
How many weeks is that?

_____
Range: 0-999999

SKIP TO END OF LOOP B_L_2

B1_5G. *BL2*

What is the weekly equivalent of that rate?

_____
Range: 0-999999

---

*End of B_L_2 Loop (*BL2*):*
REPEAT B1_5 – B1_5G FOR EACH AGE GROUP THAT = 1 (HAVE A RATE IN B1_3A)

IF INTERVIEW DATE IS ON OR AFTER JULY 22, ASK B_PRICE_CHG
ELSE, SKIP TO B7

B_PRICE_CHG. How do your charges for Fall 2024 compare with what you were charging for Spring 2024?
1. No change in rates
2. Charges increased more than 5 percent from Spring 2024 to Fall 2024
3. Charges increased, but less than 5 percent from Spring 2024 to Fall 2024
4. Charges decreased from Spring 2024 to Fall 2024

B7.
Do you have any of the following to help families afford the care you offer…
B7a. Sliding fee scale

1. YES
2. NO

B7b. Scholarships

1. YES
2. NO

B7c. Other discounted rates, such as for siblings, children of center staff, or members of a congregation or associated organization

1. YES
2. No

B7d. Another arrangement

1. YES
2. NO → SKIP TO B9
3. DK/REF → SKIP TO B9

B8.
How else do you help families afford the care you offer? _____

B9.

How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?

    _____ Number of children

    -2. I don't know, but at least one child is paid for only by the family.

    Range: 0-999

B10.

Does your program permit families to use your services on schedules that vary from week to week?

1. Yes, at their convenience
2. Yes, from a set of schedule options
3. Yes, beyond a minimum number of hours
4. No
5. DON'T KNOW/REFUSED/BLANK (IN WEB)

B6.

How many weeks per year does your program provide care for children under age 13?

    _____ Number of weeks

    RANGE: 1-52

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTB
ELSE, SKIP TO SECTION C

CommentSectB.

We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

_____

 1. NO OTHER COMMENTS

Section C. Enrollment

Please answer these next questions about children in your program age 5 and under, not yet in kindergarten.

C4.
How many of the young children currently enrolled in your program have a physical condition that affects the way your program serves them?

    _____ Number of children
    -2. I don't know, but at least one child has a physical condition that affects the way our program serves them.
    RANGE: 0-C1_1 TOTAL

C16.
How many of the young children have an IEP/IFSP?   [IF NEEDED: An IEP is an Individualized Education Plan for children with delays or disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with delays or disabilities and their families who receive early intervention services.]

    _____ Number of children
    -2. I don't know, but at least one child has an IEP/IFSP.
    RANGE 0-C1_1 TOTAL

C17.
Again thinking about all the young children currently enrolled, about how many them are of Hispanic, Latino, or Spanish origin?

    _____ Number of children
    -2. I don't know, but at least one child is of Hispanic, Latino, or Spanish origin.
    RANGE: 0-C1_1 TOTAL

C18.

As far as you know, how many of the young children who are not of Hispanic, Latino, or Spanish origin are....

	Category	Number of children RANGE: 0-C1_1 TOTAL	
C18a.	White		-2. I don't know, but at least one child is White.
C18b.	Black or African American		-2. I don't know, but at least one child is Black.
C18c.	Asian		-2. I don't know, but at least one child is Asian.
C18d.	Mixed race, another race, or you are not certain		-2. I don't know, but at least one child is Mixed Race.

C19.

Do you have at least one staff member at your program who can communicate effectively with families who cannot communicate well in English?

       1. Yes, for all families who cannot communicate well in English
       2. Yes, for some families who cannot communicate well in English
       3. No → SKIP TO C21
       4. Not applicable, all families are able to communicate well in English → SKIP TO C21
       5. DK/REF →SKIP TO C21

C20.

Which group of staff members does your program rely on most to communicate with families who cannot communicate well in English?
       1. Teachers or lead teachers
       2. Aides or assistants
       3. Specialists
       4. Non-instructional staff (ex. administrators, support staff, drivers, cooks)

C21.

In the past year, has your program served any children who were experiencing homelessness, for example, by living in a shelter or because their families did not have a regular place to stay? Please answer to the best of your knowledge.

       1. Yes
       2. No

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTC
ELSE, SKIP TO SECTION R

CommentSectC.
We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

_____

  1. NO OTHER COMMENTS

Section R. Revenues

These next questions are about your program's sources of revenue for providing early care and education services to children under age 13.

C12a.
How many children in your program are funded by dollars from the following government programs?

	# of Children Range: 0-999	
C12a_1. State pre-kindergarten such as [STATE PRE-K NAME]		-2. I don't know, but at least one child is funded this way.
C12a_2. Head Start, including Early Head Start	Under 3 years _____ 3-5 years, not in kindergarten _____	-2. I don't know, but at least one child is funded this way.
C12a_3. Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government)		-2. I don't know, but at least one child is funded this way.
C12a_4. Child Care subsidy programs such as CCDF or TANF or [STATE PROGRAM NAME] (including voucher/certificates, state contracts)	Under 3 years _____ 3-5 years, not in kindergarten _____ School-age _____	-2. I don't know, but at least one child is funded this way.
C12a_5. Title I		-2. I don't know, but at least one child is funded this way.
C12a_8. Other types of government funded programs		-2. I don't know, but at least one child is funded this way.

R13.

Do you have any teachers, assistants, or aides whose salary or wages are paid for by a single government funding source? Examples of government funding sources include state pre-kindergarten, Head Start/Early Head Start, local pre-K, child care subsidy programs such as CCDF or TANF, and Title I.

      1. YES
      2. NO → SKIP TO R15
      3. DK/REF → SKIP TO R15

R14.

For teachers, assistants, and aides whose salary or wages are paid for by a single government funding source, which government funding source pays for their salaries or wages? (INTERVIEWER: CODE ALL MENTIONS)

      1. STATE PRE-K
      2. HEAD START, INCLUDING EARLY HEAD START
      3. LOCAL GOVERNMENT (E.G., PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT)
      4. CCDF OR TANF
      5. TITLE I
      6. OTHER

R15.

Are there some professional development trainings or supports that are limited only to certain staff based on the funding source of the children they work directly with, for example, children funded by Head Start or State Pre-K?

      1. YES
      2. NO

C12c.

Do any of the government agencies that provide funds for your program

	YES	NO
C12c_1. provide a grant to support your overall program?		
C12c_3. contract with you for a guaranteed number of slots?		
C12c_4. pay you for vouchers or subsidies for specific eligible children?		

R2.	R3.

Do you have any children who are funded by non-government community organizations (e.g., United Way, local charities, or religious organizations)?
 	
    1. Yes
    2. No → SKIP TO G3
    3. DK/REF → SKIP TO G3
	How many children are funded by non-government community organizations?
	
	_____ Under 3 years
	_____ 3-5 years, not in kindergarten
	_____ School-age

G3.

Do you receive revenues from any of the following sources?

Revenue Category	Does your program receive any revenues from this source?
G3j. Tuitions and fees paid by families - including parent fees and additional fees paid by parents, such as registration fees, transportation fees from parents, late pick up/late payment fees.	1. YES 2. NO
G3e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier).	1. YES 2. NO
G3g. Revenues from fundraising activities, cash contributions, gifts, bequests, special events.	1. YES 2. NO
G3i. Other _____ IF YES TO G3i, ASK G3_oth ELSE, SKIP TO R4 **G3_oth.** What other source of revenue does your program receive?	1. YES 2. NO

R4.

Thinking about your entire budget for providing early care and education services to children under age 13, which of the categories below best describes your program?

1. No public dollars received
2. Mostly private dollars with less than 33% public dollars
3. Private dollars are more than 33% and public dollars are more than 33%
4. Mostly public dollars with less than 33% private dollars
5. No private dollars received

R7.
Do parents receiving child care subsidies pay any of the following fees to your program?

> **R7e.** Diaper, baby formula, snacks or other supplies fees
>
>> 1. YES
>> 2. NO
>
> **R7b.** Co-pays for child care subsidies
>
>> 1. YES
>> 2. NO
>
> **R7c.** Tuition for days or hours not covered by subsidy payment
>
>> 1. YES
>> 2. NO
>
> **R7f.** Fees or payments in addition to co-pays to make up for low subsidy reimbursement rates
>
>> 1. YES
>> 2. NO

SKIP TO R17

R9.
In the past year, have you had a child whose enrollment was supported by child care subsidy dollars, such as [STATE PROGRAM NAME]?

> 1. YES → SKIP TO R17
> 2. NO

R16.
Are you familiar with the child care subsidy program, such as [STATE PROGRAM NAME]?

> 1. YES
> 2. NO → SKIP TO R19
> 3. DK/REF → SKIP TO R19

R17.

Does your program help families apply for subsidies for child care?

1. Yes, for all families who need it
2. Yes, for some families who need it
3. No

R18.

Many providers have perceptions or experiences of the child care subsidy system whether or not they are currently serving children supported by child care subsidies. Please tell us how much you agree or disagree with the following statements based on what you know or what you have experienced:

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
R18a. Serving children supported by subsidies is a way to keep consistent payments coming in.				
R18b. Working with the subsidy program is an administrative hassle.				
R18c. The main reason I serve, or would serve, children supported by subsidies is to help low-income families.				
R18d. Children supported by subsidies have more behavior problems than other children.				

R19.

Does your program have any formal or informal relationships with other programs or schools to share access to resources or professional development?

1. YES
2. NO

R12.

In 2023, did your program receive any free or reduced cost goods or services related to professional development, for example, a trainer's services or fees for staff to attend courses?

1. YES
2. NO

R20.

Since June of 2022, have you received any funds other than subsidies/vouchers from a state or federal agency that were meant to stabilize child care providers during or after the COVID-19 pandemic? These might include child care stabilization funds, dollars from the American Rescue Plan Act (ARPA), COVID relief dollars paid since June 2022, or other state or federal funds to assist child care providers.

      1. YES
      2. NO
      3. DK/REF

R21.

In the past year has your program had any staff layoffs or cuts in salaries, benefits, or hours?

      1. YES
      2. NO

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTR
ELSE, SKIP TO SECTION D

CommentSectR.

We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

_____

1. NO OTHER COMMENTS

Section D. Admissions/Marketing

IF INTERVIEW DATE IS ON OR AFTER JULY 22, 2024, ASK D1_2024
ELSE, ASK D1.

D1.

From January to March of 2023, how many children age 5 and under, not yet in kindergarten, did your program <u>stop</u> caring for? Please include children whose parents withdrew them from care as well as children you didn't want to care for anymore. Your best estimate is fine.

_____ Number of children
RANGE: 0-999

D2.

From January to March of 2023, about how many new children did your program <u>start</u> taking care of? Please include children age 5 and under, not yet in kindergarten. Your best estimate is fine.

_____ Number of children
RANGE: 0-999

SKIP TO D12

D1_2024.

From January to March of 2024, how many children age 5 and under, not yet in kindergarten, did your program <u>stop</u> caring for? Please include children whose parents withdrew them from care as well as children you didn't want to care for anymore. Your best estimate is fine.

_____ Number of children
RANGE: 0-999

D2_2024.
From January to March of 2024, about how many new children did your program <u>start</u> taking care of? Please include children age 5 and under, not yet in kindergarten. Your best estimate is fine.

_____ Number of children
RANGE: 0-999

D12.

Does your program have an overall quality rating from [NAME OF LOCAL/STATE QRIS or] a QRIS?

1. YES
2. NO → SKIP TO D7
3. I DON'T KNOW → SKIP TO D7
4. DK/REF → SKIP TO D7

D22.

What is your current rating in [NAME OF LOCAL STATE QRIS/this QRIS]? _____

D23.

In the past two years, how has your rating changed?

1. We moved to a higher rating
2. We moved to a lower rating
3. We stayed at the same rating
4. We have not been re-rated in the past two years

D7.

In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?

1. YES
2. NO
3. CHILDREN ARE PLACED ON A WAITING LIST

D14.

In the past year, did you turn away any parents because they wanted to enroll a child who had special needs that your program wasn't prepared to meet?

1. YES
2. NO

D24.

In the past year, have you or someone in your program asked a parent to pick up a child early because of problems with the child's behavior (things like hitting, kicking, biting, tantrums, or disobeying)?

1. YES
2. NO

D25.

In the past year, have you or someone in your program told a parent that you would not care for a child anymore because of problems with the child's behavior (things like hitting, kicking, biting, tantrums, or disobeying)?

1. YES
2. NO

D26.
Does your program have written guidelines for staff on how to address disruptive and aggressive behavior in children?

1. YES
2. NO
3. DK/REF

D27.
How does your center make curriculum choices for classrooms that mostly serve 3 and 4 year olds? (**PLEASE SELECT ONE**)

1. We do not use a curriculum in these classrooms
2. We select a curriculum to meet guidelines from a federal, state, or local agency
3. We use a curriculum selected by our organization
4. We create our curriculum for these classrooms
5. We choose a curriculum based on multiple of these and other criteria
6. None of these

D28.

Does your program participate in the Child and Adult Care Food Program?

      1.   YES
      2.   NO
      3.   NOT ELIGIBLE
      4.   I HAVE NOT HEARD OF THE CHILD AND ADULT CARE FOOD PROGRAM

D20.

Does your program have or have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?

        1. YES
        2. NO

D29.

Does your program have or have access to a mental health consultant who can help with mental or behavioral health issues?

        1. YES
        2. NO

D11.

The following questions are about various services that children and their families might require in addition to your program's basic offerings.

D11a. Is the following available to children on-site at your program, including by another organization?	1. YES		
Health screening: medical, dental, vision, hearing, or speech?	2. NO → 3. DK/REF →	D11a2_M. Does your program provide referrals to this service?	1. YES 2. NO

D11b. Is the following available to children on-site at your program, including by another organization? **Developmental assessments. These assessments check whether the child is on-track with regard to their physical, emotional, or social conditions.**	1. YES		
	2. NO → 3. DK/REF →	D11b2_M. Does your program provide referrals to this service?	1. YES 2. NO
D11c. Is the following available to children on-site at your program, including by another organization? **Therapeutic services such as speech therapy, occupational therapy, or services for children with special needs**	1. YES		
	2. NO → 3. DK/REF →	D11c2_M. Does your program provide referrals to this service?	1. YES 2. NO
D11d. Is the following available to children on-site at your program, including by another organization? **Counseling services for children or parents**	1. YES		
	2. NO → 3. DK/REF →	D11d2_M. Does your program provide referrals to this service?	1. YES 2. NO

D30.

Does your program use a computer program or software, such as an electronic child care management system or business or financial management software to manage enrollment, payments, child records, or staff records? Please do not include basic word processing or spreadsheet programs.

1. YES, AND THE PROGRAM IS CHILD CARE SPECIFIC
2. YES
3. NO
4. DK/REF

Section E. Staffing

E1.

What is the total number of staff employed at this site in your program who work directly with children under 13? Please include full-time and part-time workers, but only those who work in the early care and education activities we are discussing in this survey.

_____ Number of staff

RANGE: 0-999

E4.

What is the total number of staff who do not work directly with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks, and anyone else who works on your early care and education activities for children up to age 13.

_____ Number of staff

-2 I don't know, but at least one staff member does not work directly with children.

RANGE: 0-99

E1A.

Next are questions about staff who **work directly with young children** at your center – children age 5 and under, not in kindergarten. Please put your staff **working with any young children** into three categories: (1) aides or assistant teachers, (2) teachers or lead teachers, and (3) specialists. These categories may not be the terms used in your program. Please do your best to put staff working directly with children into one of these three categories.

First, please think about aides or assistant teachers. How many **aides or assistant teachers** work with young children in your program?

_____ Number of aides or assistant teachers

RANGE: 0-E1

IF E1A > 0, ASK E1A1
ELSE, SKIP TO E1c

E1a1.

How many of these aides or assistant teachers are full-time?

_____ Number of aides or assistant teachers

RANGE: 0-E1a

E1c.

How many of your staff working with young children are **teachers or lead teachers**?

_____ Number of staff
RANGE: 0-E1

IF E1C > 0, ASK E1C1
ELSE, SKIP TO E1D

E1c1.

How many of these teachers or lead teachers are full-time?

_____ Numbers of teachers or lead teachers
RANGE: 0-E1c

E1d.

How many specialists work in your program with young children, including language specialists, those who take care of children with special needs, or those who teach English as a second language?

_____ Number of specialists
RANGE: 0-E1

IF E1D > 0, ASKI E1D1
ELSE, SKIP TO E8

E1d1.

How many of these specialists work full-time?

_____ Number of specialists
RANGE: 0-E1d

E1_Review.

Number of specialists, lead teachers, assistants teachers, and aides exceeds the total number of teachers entered, please double check your responses.

E8.

Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many aides or assistant teachers have left the program in the last 12 months?

_____ Number of aides or assistant teachers
RANGE: 0-99

E9.

Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many teachers or lead teachers have left the program in the last 12 months?

　　　　　　　 Number of teachers or lead teachers
RANGE: 0-99

IF E1a = 0 or DK/REF, SKIP TO E12
ELSE, ASK TO E10_Intro

E10_Intro.
Please tell us about the qualifications of aides and assistant teachers who work directly with children age 5 and under, not yet in kindergarten.

E10a.
Of the [E1a] aides and assistant teachers, how many have a 4-year college degree or higher? Please do not count those who are currently working towards a 4-year degree.

　　　　Number of aides and assistant teachers
RANGE: 0- [E1a]

E10b.
Of the [E1a] aides and assistant teachers, how many have a Child Development Associate (CDA) or a state certificate for early care and education?

　　　　Number of aides and assistant teachers
RANGE: 0- [E1a]

E11_Intro.
Please tell us about the qualifications of teachers or lead teachers who work directly with children age 5 and under, not yet in kindergarten.

E11a.
Of the [E1c] teachers or lead teachers, how many have a 4-year college degree or higher? Please do not count those who are currently working towards a 4-year degree.

　　　　Number of teachers or lead teachers
RANGE: 0- [E1c]

E11b.
 Of the [E1c] teachers or lead teachers, how many have a Child Development Associate (CDA) or a state certificate for early care and education?

_____Number of teachers or lead teachers
RANGE: 0- [E1c]

E12.

Does your program offer pay raises for obtaining a new credential or degree?

     1. YES
     2. NO
     3. DK/REF

E13.

Does your program currently have any positions that have been open for more than a month for lead teacher, teacher, assistant teacher, or aide who will work with children age 5 or younger, not in kindergarten?

     1.   YES
     2.   NO → SKIP TO E15
     3.   DK/REF → SKIP TO E15

E14.

Thinking about the position that has been open the longest, have you received any qualified applicants for this position?

     1. Yes, one
     2. Yes, more than one
     3. No, none

E15.

Do you provide any of the following benefits to your lead teachers, teachers, assistant teachers or aides?

    E15a. reduced tuition at your program?

        1.   Yes, provided to lead teachers and teachers only
        2.   Yes, provided to both lead teachers and teachers **and** to assistants or aides
        3.   No

    E15b. retirement program such as a retirement annuity, 401(k) or 403(b) plan?

        1.   Yes, provided to lead teachers and teachers only
        2.   Yes, provided to both lead teachers and teachers **and** to assistants or aides
        3.   No

    E15c. health insurance?

        1.   Yes, provided to lead teachers and teachers only
        2.   Yes, provided to both lead teachers and teachers **and** to assistants or aides
        3.   No

E16.

Do you provide any of the following for your teachers, lead teachers, assistant teachers or aides?

	Yes, provided to lead teachers and teachers only	Yes, provided to both lead teachers and teachers _and_ to assistants or aides	No
E16a. Funding to participate in college courses or off-site training?			
E16b. Paid time off to participate in college courses or off-site training?			
E16c. Mentors, coaches, or consultants who visit and work with staff in their classrooms?			
E16d. Paid planning time with no other responsibilities?			

E17.

Please indicate how much you agree with the following statements about helping staff participate in professional development activities:

    E17a. We have adequate funding for staff to participate in professional development.

        1. Strongly Agree
        2. Agree
        3. Disagree
        4. Strongly Disagree

    E17b. There are adequate professional development opportunities available in our community.

        1. Strongly Agree
        2. Agree
        3. Disagree
        4. Strongly Disagree

E18.

Rate the following statements about how teachers, aides and assistants give input at your program on a scale of 1-4, with 1 indicating "strongly agree" to 4 indicating "strongly disagree".

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
E18a. Teachers, aides and assistants are invited to give input into program goals that affect everybody.				
E18c. There is a clear process for teachers, aides and assistants to have a say in decisions that affect their work.				

E19.

We are interested in your program's experience conducting required background checks for prospective employees. How much do you agree or disagree with the following statements:

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree	5. Not applicable
E19a. The cost of background checks is a financial strain on my program.					
E19b. Background checks cause delays in my ability to hire new staff.					

E20.

Does your program cover the entire cost for staff to get required background checks?

       1. YES
       2. NO
       3. NOT APPLICABLE

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTE ELSE, SKIP TO SECTION F

CommentSectE.

We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

_____
          1. NO OTHER COMMENTS

Section F. Care Provided

*Start of F_L_1 Loop (*FL1*):*
REPEAT F13 UNTIL F13 =1 FOR THE SELECTED AGE GROUP FROM A10

IF THE SELECTED AGE GROUP F1_AGEGRP HAS A LOWER BOUND AGE OF 60 MONTHS OR MORE, ASK F13
ELSE SKIP TO F1_INTRO

F13. *FL1*
Does the age group [F1_AGEGRP {low} months to {high} months] include any children who are not yet in kindergarten?

1. YES
2. NO
3. DK/REF

IF F13 = 2 OR 3, RETURN AND SELECT ANOTHER AGE GROUP FROM A10 AND ASK F13 FOR THE NEW GROUP. REPEAT UNTIL F13 = 1 FOR THE SELECTED GROUP
IF ALL GROUPS = 2 OR 3, SKIP TO F18

---

*End of F_L_1 Loop (*FL1*):*
REPEAT F13 UNTIL F13 =1 FOR THE SELECTED AGE GROUP FROM A10

F1_INTRO:
Next are some detailed questions about one randomly selected group. This helps reduce the number of questions we need to ask you, but still gives us a sense overall of the range of offerings that providers have. For your program, age group [F1_AGEGRP {low} months to {high} months] is randomly selected.

F1.

How many groups or classrooms of children do you have for [F1_AGEGRP] months? Please include all groups in all of the programs or sessions that you offer for children in [F1_AGEGRP] months. By group and classroom, we mean children who are together for most of the day/session with an assigned staff member or group of staff members. If children change groups frequently during the day, please tell me about your groups during a typical activity period.

_____ Number of groups
RANGE: 0-20

F2.
What are the names of these groups or classrooms?

Age group from A10

1.____[F1_AGEGRP]_____ [F1_NUMGROUPS] number of groups
a1. What are the names of these groups? F2_groupname1
1.
2
3.
4.

Skip Logic Box F_S_1:
Randomly select a group from F2

F3.
[RANDOMLY SELECTED CLASSROOM] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.

Group Name	

F3a. First, how old is the youngest child in [RANDOMLY SELECTED CLASSROOM]? RANGE: (Years: 0-18) (Months: 0-11)	_____ Years _____ Months
F3b. How old is the oldest child in [RANDOMLY SELECTED CLASSROOM]? RANGE: (Years: 0-18) (Months: 0-11)	_____ Years _____ Months
F3c. How many children are currently enrolled in [RANDOMLY SELECTED CLASSROOM]? RANGE: 0-99	_____ Number of children
F3d. How many vacancies do you currently have in this classroom? IF NO LIMIT, ENTER 999. RANGE: 0-999	_____ Number of vacancies -2. I don't know, but at least one vacancy.
F3f. During the most recent activity period, how many lead teachers or teachers were there with this group? RANGE: 0-50	_____Number of teachers
F3g. During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group? RANGE: 0-50	_____Number of assistants/aides/helpers

F3h. During the most recent activity period, how many children were there in this group? RANGE: 1-500	_____Number of children
Skip Logic Box F_S_2: IF THE NUMBER OF CHILDREN REPORTED IN C12a RESPONSE CATEGORY 4 >0 AND LESS THAN THE SUM OF ALL AGE GROUPS IN C1_1 ask F14, ELSE SKIP TO F_S_3 _____ - **F14.** How many children in this classroom are funded by child care subsidy dollars? RANGE: 0-999	_____Number of children -5. I don't know, but 75% or more -6. I don't know, but more than 50% -7. I don't know, but less than 50%
Skip Logic Box F_S_3: IF THE NUMBER OF CHILDREN REPORTED IN C12a RESPONSE CATEGORY 2 >0 AND LESS THAN THE SUM OF ALL AGE GROUPS IN C1_1 ask F15, ELSE SKIP TO F_S_4 _____ - **F15.** How many children in this classroom are funded by Head Start or Early Head Start dollars? RANGE: 0-999	_____Number of children -5. I don't know, but 75% or more -6. I don't know, but more than 50% -7. I don't know, but less than 50%
Skip Logic Box F_S_4: IF THE NUMBER OF CHILDREN REPORTED IN C12a RESPONSE CATEGORY 3 >0 AND LESS THAN THE SUM OF ALL AGE GROUPS IN C1_1 ask F16, ELSE SKIP TO F_S_5 _____ - **F16.** How many children in this classroom are funded by state or local public pre-kindergarten dollars? RANGE: 0-999	_____Number of children -5. I don't know, but 75% or more -6. I don't know, but more than 50% -7. I don't know, but less than 50%
Skip Logic Box F_S_5: IF R2 =1 OR G3J = 1 OR G3E = 1 OR G3G = 1, ASK F17 ELSE, SKIP TO F4 _____ - **F17.** How many children in this classroom are funded only from private dollars, such as parent payments or funds from	_____Number of children -5. I don't know, but 75% or more -6. I don't know, but more than 50% -7. I don't know, but less than 50%

community organizations? RANGE: 0-999	

Start of F_L_2 Loop (*FL2*):
REPEAT F4 AND F4N UNTIL F4N = 2 OR DK/REF

F4. *FL2*
Next are some questions about your staff who worked in this classroom last week. Including staff at any level, what are the first names of staff who worked in this classroom last week? If last week was a holiday week or otherwise unusual, please report who worked in this classroom during the most recent usual week.

Please enter first staff name below and select "NEXT" to add additional staff names.

F4n. *FL2*
Is there another staff member working in [NAME OF RANDOMLY SELECTED GROUP]?

Again, if last week was a holiday week or otherwise unusual, please report who worked in this classroom during the most recent usual week.

1. YES
2. NO

End of F_L_2 Loop (*FL2*):
REPEAT F4 AND F4N UNTIL F4N = 2 OR DK/REF

Start of F_L_3 Loop (*FL3*):
ASK F4A – F4M FOR EACH STAFF MEMBER REPORTED IN F4

F4a. *FL3*
Which of the following **best describes** [NAME]'s **role** in your program: a lead teacher or instructor, a teacher or instructor, an assistant teacher or instructor, or an aide, or something else?

1. LEAD TEACHER/INSTRUCTOR
2. TEACHER/INSTRUCTOR/CO-TEACHER/DIRECTOR
3. ASSISTANT TEACHER/INSTRUCTOR
4. AIDE
5. SPECIALIST/NON-INSTRUCTIONAL STAFF (SPECIFY)

F4d. *FL3*
Approximately how many hours per week did [NAME] work that week in this classroom?

_____ Hours per week
-2. I don't know, but at least 5 hours per week.

Skip Logic Box F_S_6:
IF F4A= 1 – 4 AND F4D ≥ 5 ASK F4G
ELSE, LOOP TO F4A FOR NEXT STAFF MEMBER REPORTED IN F4
IF ALL STAFF MEMBERS HAVE BEEN ASKED ABOUT, SKIP TO F18

F4g. *FL3*

Does [NAME] have a 2-year college degree, a 4-year college degree, or no college degree?

1. 2-YEAR
2. 4-YEAR
3. NONE

F19.
Does [NAME] have a Child Development Associate (CDA) certificate and/or a state certification for early care and education?

1. YES
2. NO

F4m. *FL3*
How much is [NAME] paid?

$ _____ per

1. hour
2. day
3. week
4. month
5. year
6. other
RANGE: 0-99999

End of F_L_3 Loop (*FL3*):
ASK F4A – F4M FOR EACH STAFF MEMBER REPORTED IN F4

F18_Intro.
The rest of the questions are once again about your program in general, not just about a selected classroom.

F18.
In the past 12 months . . .

F18c. has someone visited your program to make sure you were complying with health and safety requirements?

     1.   YES
     2.   NO

F18d. has someone visited your program to monitor the quality of services other than meeting health and safety requirements?

     1.   YES
     2.   NO

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTF
ELSE, SKIP TO SECTION H

CommentSectF.
We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

_____

 1. NO OTHER COMMENTS

Section H. Respondent Characteristics and Selection of the Workforce

H5.

Now we have a few questions about you. For classification purpose, what is your title?

      1. Director
      2. Director/Teacher
      3. Lead Teacher
      4. Other (specify):

Name/initials	
H11. Which of the following are you responsible for at this center? 1. Managing staff 2. Managing operations or finances 3. Working with teachers and other staff to improve instruction in their classrooms	1. YES 2. NO 1. YES 2. NO 1. YES 2. NO
H5c. Approximately how many hours per week do you usually work at this program?	_____ Range: 0 - 168
H12. Approximately how many of those hours per week do you directly care for children?	_____ RANGE 0-H5c
H18. You may select more than one answer. Are you:	1. Male 2. Female 3. Transgender, non-binary, or another gender
H5d. What is your ethnicity?	1. Hispanic or Latino 2. Not Hispanic or Latino
H5e. What is your race? (**SELECT ONE OR MORE**)	5. American Indian or Alaska Native 3. Asian 2. Black or African American 4. Native Hawaiian or Other Pacific Islander 1. White
H19. Do you have a Child Development Associate (CDA) certificate and/or a state certification for early care and education?	1. YES 2. NO
H5f. Do you have a 2-year college degree or a 4-year college degree?	1. 2-YEAR 2. 4-YEAR 3. NO DEGREE → SKIP TO H5j 4. DK/REF → SKIP TO H5j

Name/initials	
H13. What was your major or field of study in your most recent degree?	1. ELEMENTARY EDUCATION 2. SPECIAL EDUCATION 3. CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES 4. EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE 5. CHILD CARE MANAGEMENT 6. BUSINESS, GENERAL COMMERCE 7. OTHER _____
H5j. How long have you worked in your program in your current role?	_____ Years RANGE: 0-99
H5l. How much are you paid? Your best estimate is fine.	$ _____ RANGE: 0-999999 per 1. hour 2. day 3. week 4. month 5. year 6. other

Selection of staff for the Workforce Survey

H6.

As you know, attracting and keeping high-quality staff is a major issue for many early care and education programs. As part of this study, we are building a national description of individuals working in early care classrooms. In addition to the information you have provided about staff at your program, we have some questions that people can only answer about themselves, such as their motivations for working in this field. This information will help policymakers and practitioners understand the challenges and opportunities for improving the early education workforce and better supporting individuals who want to work with young children.

You've indicated that the following individuals worked at least 5 hours last week in the classroom we discussed:

IF THERE ARE NO INDIVIDUALS THAT HAVE WORKED AT LEAST 5 HOURS, DISPLAY: You have indicated that there are no individuals who worked at least 5 hours last week in the classroom we discussed. [BRING OVER LIST FROM F4]

_____

_____

_____

_____

H6.

Was there someone else who also worked in that classroom for at least 5 hours last week regardless of their role?

    1. YES
    2. NO → GO TO H7

Start of H_L_ 1 Loop (*HL1*):
ASK H6A1 – H6C, UNTIL H6C = 2 OR 3.

H6a1. *HL1*

Please enter his/her name?

_____

_____

_____

_____

_____

H6a2. *HL1*

Is [NAME]'s role more like an aide, assistant teacher, teacher/instructor, or lead teacher?

1. Aide
2. Assistant teacher
3. Teacher/Instructor/Co-teacher/Director
4. Lead Teacher
5. Specialist/Non-instructional staff (specify)

H6b. *HL1*

How many hours did [NAME] work in that classroom last week (or the most recent usual week)?

_____ Hours
Range: 0-80

H6c. *HL1*

Was there someone else who worked at least 5 hours in the classroom, regardless of their role?

1. YES
2. NO
3. DON'T KNOW/REFUSED/NO ANSWER

End of H_L_ 1 Loop (*HL1*):
ASK H6A1 – H6C, UNTIL H6C = 2 OR 3

Start of H_L_ 2 Loop (*HL2*):
ASK H7 – H9b FOR EACH STAFF MEMBER RANDOMLY SELECTED, MAX OF 2

SELECTION OF WORKFORCE RESPONDENT:

H7. *HL2*

[Xxx] is randomly selected to participate in this work force survey. What is his/her full name so that we can contact him/her?

(SOFT CHECK: Please provide the name of the selected staff member. If you prefer to provide a first name and last initial or other information that allows us to contact the selected staff member, you may choose to do so. This information will only be used to contact the selected staff member to invite their participation in the workforce survey.

The selected staff member will also have the option to refuse participation once contacted.

The NSECE workforce study is about the nation's early care and education workers and it is important that all kinds of workers are represented.)

First Name:

Last Name:

H9a. *HL2*
What language(s) does he/she usually speak? (**SELECT ALL THAT APPLY**)
1. English
2. Spanish
3. Other (Specify: _____)

H9b. *HL2*

Does she/he have a phone number or email address where we can contact him/her?

FORMAT 111-111-1111

PHONE NUMBER:

EMAIL ADDRESS:

End of H_L_2 Loop (*HL2*):
ASK H7 – H9b FOR EACH STAFF MEMBER RANDOMLY SELECTED, MAX OF 2

IF INTERVIEW IS SELF-ADMINISTERED, ASK COMMENTSECTH
ELSE, SKIP TO H10

CommentSectH.

We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

_____

 1. NO OTHER COMMENTS

IF FI IS CONDUCTING AN IN-PERSON INTERVIEW ASK H10 ELSE, SKIP TO THANK_END

H10.

I would like to meet [NAME] and introduce myself and this study.

THANK_END.

Those are all of the questions we have for you today.

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE

CBX_INCENTIVE

Thank you for taking the time to complete this survey. As a token of appreciation, we/I would like to give you $[INCETIVE_AMOUNT]. We have a few options for you to receive $[INCENTIVE_AMOUNT] – cash mailed to you, a physical gift card, or an electronic gift card for one of several online retailers. The physical gift card can be provided at the end of the interview. Electronic gift cards will be delivered by email and will take up to 1 day to arrive. Cash will be mailed via the U.S. Postal Service and will take 1 to 3 weeks to arrive. Please select your preferred option below and provide the necessary contact information. Please make sure to enter your email or mailing address correctly to ensure delivery.

FI: READ THE BELOW TERMS OF SERVICE ONLY IF REQUESTED:

<div align="center">Terms of Service</div>

1. Amazon.com Gift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** Amazon.com Gift Cards never expire and can be redeemed towards millions of items at www.amazon.com Restrictions apply, see amazon.com/gc-legal

2. Walmart eGift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready**

to use. It's that simple. With a Walmart eGift Card, you get low prices every day on thousands of popular products in stores or online at Walmart.com. You'll find a wide assortment of top electronics, toys, home essentials and more. Plus, cards don't expire and you never pay any fees. The Virtual Reward Center is not affiliated with Wal-Mart Stores, Inc., Wal-Mart Stores Arkansas, LLC, Walmart.com or any of their affiliates. Wal-Mart Stores, Inc., Wal-Mart Stores Arkansas, LLC, Walmart.com and their affiliates do not endorse or sponsor The Virtual Reward Center's services, products, or activities. See www.walmart.com/giftcardtermsandconditions for complete gift card terms and conditions

3. Lowes eGift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** This Lowe's eGift Card can be redeemed at any Lowe's Home Improvement Store or at www.lowes.com. Lowe's stores stock 40,000 products in 20 product categories ranging from appliances to tools, to paint, lumber and nursery products. Lowe's has hundreds of thousands of more products available by Special Order - offering everything customers need to build, maintain, beautify and enjoy their homes. Lowe's operates more than 1,766 stores.

This is not a credit/debit card and has no implied warranties. This Gift Card is not redeemable for cash unless required by law and cannot be used to make payments on any charge account. Lowe's reserves the right to deactivate or reject any Gift Card issued or procured, directly or indirectly, in connection with fraudulent actions, unless prohibited by law. Lost or stolen Gift Cards can only be replaced upon presentation of original sales receipt for any remaining balance. It will be void if altered or defaced. To check your Lowe's Gift Card balance, visit Lowes.com/GiftCards, call 1-800-560-7172 or see the Customer Service Desk in any Lowe's store. Lowe's, LOWE'S and the Gable Mansard Design are registered trademarks of LF, LLC and the GABLE MANSARD DESIGN are registered trademarks and service marks of LF, LLC. Lowe's is not affiliated with Virtual Incentives.

1. Physical Gift Card → SKIP TO WFX_INC_PHYS_CARD "Please only select this option if you are completing the survey in person."
2. Cash mailed to me → SKIP TO HBX_INC_MAIL
3. Walmart e-gift card → SKIP TO HBX_INC_EMAIL
4. Lowe's e-gift card → SKIP TO HBX_INC_EMAIL
5. Amazon e-gift card → SKIP TO HBX_INC_EMAIL
6. [RESPONDENT DECLINES INCENTIVE/DECLINE THANK YOU GIFT] → SKIP TO FUTURE CONTACT INFORMATION

CBX_INC_PHYS_CARD
Thank you. In just a few moments, I will provide your physical gift card incentive and have you sign a receipt.

INTERVIEWER: ENTER THE ID NUMBER OF THE GIFT CARD BEING GIVEN TO R HERE. ID NUMBER IS 12 DIGITS IN LENGTH ON THE BACK OF THE CARD.

_____

INTERVIEWER: RE-ENTER THE ID NUMBER OF THE GIFT CARD.

_____

[IF NUMBERS DON'T MATCH] NUMBERS DO NOT MATCH. PLEASE RE-ENTER THE GIFT CARD SERIAL NUMBER.

SKIP TO FUTURE CONTACT INFORMATION

CBX_INC_EMAIL

[FOR SELF-ADMINISTERED, DISPLAY:] Please enter the email address that you would like the gift card sent to: (*Required)

[FOR INTERIVEWER ADMINISTERED, DISPLAY:] Could you please provide the email address that the gift card should be sent to.

Email address*: _____
Please confirm your email address*: _____

[IF EMAIL DOES NOT MATCH] Email addresses do not match. Please re-enter your email address.

SKIP TO FUTURE CONTACT INFORMATION

CBX_INC_MAIL

[FOR SELF-ADMINISTERED, DISPLAY:] Please enter the mailing address you would like the cash incentive mailed to: (*Required)

[FOR INTERVIEWER-ADMINISTERED, DISPLAY:] Could you please provide the mailing address that the cash incentive should be mailed to.

Full Name*: _____
Address 1*: _____
Address 2: _____
City*: _____
State*: _____
Zip*: _____

Future Contact Information

We may follow up with child care and early education providers again in the future and would for you and your center to continue participating. If a future study is conducted, you can decide whether you wish to participate or not at that time. We may also contact you in the future if we need to clarify one of your interview responses.

[SELF-ADMINISTERED:] Please update your center's contact information below.

[INTERVIEWER ADMINISTERED:] I'd like to confirm that we have the best contact information for your center on file.

[INFORMATION WILL BE PREFILLED FROM THE CASE MANAGEMENT SYSTEM]

Center Name	[CENTER NAME]
Telephone Number	[CENTER PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[CENTER EMAIL]
Secondary Email	[CENTER EMAIL]
Home Address	[CENTER ADDRESS 1]
	[CENTER ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP

[SELF-ADMINISTERED:] Please update your contact information below.

[INTERVIEWER ADMINISTERED:] I'd like to confirm that we have the best contact information for you on file.

[INFORMATION WILL BE PREFILLED FROM THE CASE MANAGEMENT SYSTEM]

Full Name	[RESPONDENT NAME]
Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[PRIMARY EMAIL]
Secondary Email	[SECONDARY EMAIL]
Home Address	[RESPONDENT ADDRESS 1]
	[RESPONDENT ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	[ZIP]